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ABSTRACT

This study is a compilation of some of the published material on the social readjustment of widows and widowers plus a sampling (26) of personal interviews which the researcher conducted. The loss of a spouse is a traumatic experience. The emotional turmoil that follows, caused by the personal mode of living, circumstances of the death, treatment by friends, job situation, and other factors influence the recovery from grief. The completeness of recovery bears directly on the remaining partner's entry or re-entry into the social world, dating, and remarriage. Anticipated grief during a spouse's long illness, continuing friendships, and the remaining partner's own determination to gain self-confidence in the new "singles" world, were found to be important factors in the remaining partner's re-entry into the social world. (Author)

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THE SOCIAL READJUSTMENT FOR THE REMAINING PARTNER

SOCIETAL FACTORS MODULE

by

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ABSTRACT

This study is a compilation of some of the published material on the social readjustment of widows and widowers plus a sampling (26) of personal interviews which the researcher conducted.

The loss of a spouse is a traumatic experience. The emotional turmoil that follows, caused by the personal mode of living, circumstances of the death, treatment by friends, job situation, and other factors influence the recovery from grief. The completeness of recovery bears directly on the remaining partner's entry or re-entry into the social world, dating, and remarriage.

Anticipated grief during a spouse's long illness, continuing friendships and the remaining partner's own determination to gain self-confidence in the new "singles" world, were found to be important factors in the remaining partner's re-entry into the social world.

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I. INTRODUCTION

Widowhood and bereavement have been popular topics in magazines, journals, and books in the last several years because of the greater sensitivity to mental and physical pain associated with the trauma of death.

> Over the past several decades the number of widows among our population has shown a continuous and substantial rise, and there is evidence that widowhood is rapidly emerging as a major phenomenon of U.S. society (Bernardo, 1968:191).

Widowhood and bereavement seems to be an increasing problem. This study concerns one aspect, the social readjustment, and attempts to compile information from publications and a sampling of twenty six interviews from widows and widowers. Results and recommendations are given for a successful readjustment and several possible future studies are suggested. The results will be used by the psychology and sociology departments at Los Angeles Valley College as part of the instructional program and copies have been requested by counselors who conduct counseling sessions for widows and widowers.

II. BACKGROUND AND SIGNIFICANCE

The adult and senior adult enrollment at Los Angeles Valley College has increased tremendously in the past semester. In an effort to supply the demand for specialized information and specialized classes for interested adult groups, the college is always looking toward expanding its offerings and altering existing curriculum to meet the students' needs.

Dr. Guerin A. Fischer, Nova National Lecturer, suggested that the topic of "The Social Readjustment of the Remaining Partner," should be valuable to the college program since this information is scattered and only a limited amount of research has been done on the social readjustment problems confronting widows and widowers. Miss Lois Hamer, Senior Adults Community Services Program Coordinator, and Mr. Ed Holloway, Psychology Department, agreed that this topic is most valuable not only for existing classes, but will open up the possibility for a new class. Thus, it is hoped that this practicum will not only enhance and add to the college curriculum, but stimulate additional research in this sensitive but needed area plus related areas.

This researcher, as a result of the interviews (Appendix B) and a consideration of other relevant research, agrees that some surviving partners make the readjustment into social life much sooner than others. The study provides some possible answers as to why there are differences and the circumstances surrounding these differences. Some of the circumstances suggest the possibility for future studies in related areas.

The literature reviewed was: The First Year of Bereavement by Glick, Weiss and Parkes (1974); Bereavement by Parkes (1972); Widow by Caine (1974); The World of the Formerly Married by Hunt (1966); Today's Health; Mental Hygiene; U.S. News and World Report; Christianity Today; The Christian Century; Changing Times; Community Mental Health Journal; Diseases of the Nervous System; Family Coordinator; Psychosomatics; Journal of Psychosomatic Research; British Journal of Psychiatry; American Journal of Psychiatry; MS-; Harvard Business

Review; The Barbara Walters Show, plus others listed in the bibliography.

III. PROCEDURE IN GATHERING MATERIAL

First, some of the literature was reviewed to identify some of the problems that would be encountered. A series of general questions (See Appendix A) were then formulated to stimulate conversation from the interviewee. The researcher found that his initial embarrassment in the interview, caused by a feeling of prying into a sensitive personal matter, actually worked to his advantage in the interview. The majority of interviewees seemed to sympathize with his embarrassment, accepted his informal, halting manner, and very quickly became quite open and frank.

An initial list of widows and widowers was gathered from friends and these were contacted and asked if they would mind being interviewed on the topic. Only one refused. The initial group further cooperated by suggesting other possible subjects and even contacted them for the interviewer, to check on their availability. The interviewer assured each interviewee that all information would be kept confidential as far as identification with the subject was concerned, and that any question that was felt too difficult to answer need not be answered. However, no question was refused.

The results from the study area were compiled from the literature and the interviews. Recommendations as to how to have a successful readjustment is made and other possible related studies, that come out of the material, are suggested.

IV. RESULTS OF THE STUDY

At the outset of this study, it seemed as though the factors involved would be somewhat easily stated, calculated, and understood. Soon after the research, especially the interviews, got under way it became apparent that the social readjustment of the surviving partner is an extremely complex problem. No study completely answers the question of how this readjustment comes about. Different age ranges, different socio-economic status and a myriad of different circumstances would have to be isolated and researched infinitely in order to approach a satisfactory explanation. Each of these isolated elements could be a dissertation in itself.

In this researcher's opinion much of the explanation relies on the ability and length of time it takes to recover (i.e., to get back to normal) from traumatic shock. Death of a spouse induces that trauma. Many other situations also induce serious traumatic shock, but none possibly as deep as the loss of a spouse. As a sidelight, the researcher ran across a few divorced people whose spouses had left without warning. These people suffered the same symptoms evidenced during the bereavement period, though not as long lasting, probably because the partner was still living and many guilt feelings were not present as in death.

The following sensitive, perhaps poignant, poem suggests an outdated feeling regarding the death of a spouse:

> May I live one hundred years
> and you an added day.
> For I'd not care to dwell on earth
> and know you'd past away.

For the most part, it seems that most remaining partners make very satisfactory adjustments and return to a normal life.

Before we can discuss the surviving partner's ability to readjust socially, we must examine the impact of death. By readjusting socially we mean the point at which the surviving partner begins to feel comfortable with many other people in social situations and begins to move into those circles. This may not necessarily be with the same group of friends as when married. It more likely will be with a different group with a common bond but the main thing is that the widow or widower will seek the group involvement and enjoy it.

Of the widows and widowers interviewed, the first most prevalent reaction to the death of the spouse was that of loneliness. The second was the inability to function in a completely normal fashion. This inability to function varied from not being able to make simple, routine decisions, being able to function at work or with the children but not at home alone, to functioning in a completely normal fashion. In those interviewed where death was expected, it was still a traumatic experience. (By a traumatic experience, we mean an experience that affects the person's mind, possible inducing hysteria or something similar.) As one widow put it, "You are never prepared for death." However, most individuals seemed to function better when there was some preparation for the death. The partners who knew of the terminal illness of the spouse suffered "anticipatory grief" (Glick, 1974:31). Sudden, unexpected death was generally more traumatic. Even one widow who was separated from her husband at the time of his death, had not had a happy marriage, and was essentially leading a single life, said

that she had a delayed effect some four weeks later. Another who had a rather stormy marriage and again was separated at the time of husband's death indicated the same reaction. It would appear that no matter what the marital relationship at the time of passing away, the death of a spouse is still a traumatic experience. Many of the subjects reported functioning normally in their jobs but not in personal or domestic situations. Others said they had to function at home because of their children and felt they did so quite adequately. So there seems to be a wide range of adjustment from a functional standpoint and many factors which bear on it.

> The death of her husband, more than any other loss, would seem likely to disorganize a woman's life profoundly. Not only does it bring about a fundamental disruption of her living arrangements and social environment, but it also removes the key relationship in her emotional life and at the same time attacks one of her bases for security (Glick, 1974: 62).

Parkes reports that the most characteristic feature of grief is prolonged depression. It begins within a few hours or days, reaches its peak within five to fourteen days. At first occurs spontaneously and frequently and "then brings the loss to mind" (Parkes, 1972:39). This was generally indicated in the interviews conducted by this researcher.

To help understand the impact of death, the following rating by Dr. Thomas Holmes was formulated by isolating events or crises that a widow has to cope with and has given them stress ratings which he calls "life change units." This is as follows:

Death of spouse	100
Death of close family member other than spouse	63
Personal injury or illness	53
Change in financial state (If she has to go to work, add 26 units)	38
Mortgage over $10,000	31
Foreclosure of mortgage or loan	30
Son or daughter leaving home	29
Trouble with in-laws	29
Change in living conditions	25
Revision of personal hibits	24
Change in residence	20
Change in work hours or conditions	20
Change in social activities	18
Change in sleeping habits	16
Change in eating habits	15
Vacation	13
Christmas	12

With the accumulation of 200 or more units, the person should "lie low" for a little while and seek counseling (Caine, 1974:103-104).

The previous paragraphs are to show that the impact of a spouse's death is very great. The impact has a bearing on recovery and recovery on the widow or widower's social readjustment

Before a widow or widower can feel comfortable socially, he/she has to have "recovered" adequately. Now what is "recovered"? From the various studies researched and from the interviews conducted, it would seem that "recovery" comes when the widow or widower regains some sense of self-confidence and identity, not necessarily stopped grieving. A certain amount of recovery takes place anywhere from four to ten weeks after death. During this period the widow or widower has completed the "grief work" that Glick refers to which are

the funeral arrangements, the insurance, will, and other paper work that follows in the wake of a death. It is very questionable as to when complete recovery actually takes place, if ever. Phyllis Silverman states that "a widow never recovers but rather learns to adjust to the situation" (1970:541). This researcher prefers to use the word "recover," feeling that it is more positive than "adjust."

All studies report that the bereaved are usually deluged with offers of help at first. Friends and acquaintances who haven't been heard from in years call to offer their services. Usually after the burial, all but the very close friends go back to dealing with their own lives (Glick, 1974:77). The widow also feels like a "fifth wheel" in the former couples' social groups that still may invite her to functions. Interviewees and studies report that the wives of friends may feel her a "threat" to their own marriages. So the new widow either withdraws and/or is excluded from their former social groups. Of those interviewed by the researcher, the only ones that did not report this were those with strong church connections. This was also felt by the ministers interviewed. They stated that if the widow was active in the church "family," the other women members would not feel threatened and that these members had a chance to exercise the Christian ethic by including the widow in their functions until the widow sufficiently recovered her own self-confidence and established a new personal identity.

Several widows stated that during this period they were so busy with the business that accompanies death, they had little time or inclination to mourn. By the time the business was finished and they

had time to mourn, the friends they needed had left, and they were alone. Another problem is that suppressed grief can bring on physical illness (Kavanaugh, 1972:56). In a study conducted in Boston and Sidney, Australia, it was found that an average of 26 percent more of the widows studied suffered what was considered marked health (physical and mental) deterioration. Whereas only 2 percent of the married control group suffered like effects (Maddison, 1968:305). This in itself can delay the re-establishment of self-confidence and the re-entry into social activity.

The widows interviewed reported that they gradually sought the company of single women and a few joined singles groups. There was a common bond felt with women in their own situation. They felt safe in this company and were able gradually to develop self-confidence. It was not uncommon for widows to be sexually "propositioned" by husbands of close friends or just acquaintances. This in itself may retard the widows' social adjustment. These advances, for the most part, were insulting and not taken kindly. One widow reported that these advances, though refused, helped her feel like a real woman again and actually helped hasten her recovery.

In our research the "social readjustment" is defined rather broadly in the context of associating socially with people to dating. This was usually a big step in the recovery process and in most cases came about gradually as the new widow or widower regained some semblance of self-confidence. The following is a letter, written by one of the widows interviewed, that described to her, that moment or time when this self-confidence was regained:

Dear World,

Today is the day that I have chosen to approach you. It seems that I must suddenly turn helplessly to you in order to go on living.

How and why I have to do this is still a frightening thought in my mind, which is still somewhat cloudy and weary.

How unpredictable life is...one day our little family was so complete and smug and in a matter of a few hours we were suddenly separated from our main-stay, our lifeline, our beloved father and husband.

Our physical loss is so acute, that words fail to describe it fully. Is it not in sympathy and protest that the heavens have been weeping with us these many days and nights?

Yet we must accept this act of the Supreme Being...this most final of all doings we mortals are all committed to.

I know that in time I will learn to accept and live with this physical loss and move on in my ways of life if only for the sake of my children.

Having been sheltered these many years by our beloved, I now ask you, Dear World, to be kind and gentle with me and to let me make a new place in your sphere. With God's help and guidance, I feel I will.

Give me, please, the confidence to begin again and heed me when I plead.

A Widow

Of the widows interviewed, those in their early forties or younger tended to readjust socially much quicker and better than those in their forties and over. After the surge of friends, the drop-off and the remaining nucleus of very close friends, that was described previously, the widows in this age range tended to move into social relationships within a few weeks to a few months after the death of the spouse and started dating at five months to one and one-half years after the death. Of the two widows who reported unhappy marriages,

the one who was separated reported no change in social life; she kept right on dating. The other started dating within ten days after the death. Perhaps younger women are of the era in which they are less dependent on their husbands. They may feel that they are young enough to have not lived all of their lives and have something left to give another man and life itself. The women in the older age range took longer to move into social relationships, although much depended upon whether they worked or had a church affiliation. Usually these ladies would begin by going out for a drink with other single ladies after work and then move into a social relationship with other widows. In the case of a close church relationship, the church family did not let them withdraw and included them, within a week or two of the death, in the social activities of the church or the individual church families. All but one of the women in the older age bracket did not date and have not married. Their social contacts continue to be with other widows or older single women, primarily from their place of employment. Again, perhaps the difference in the era in which the older women grew up has a bearing. The older women, in general, might be more dependent on their husbands. They grew up in the age of women's dependency. Others might feel that they had lived the better part of their lives and are satisfied with it. In all cases, of course, a few close friends always invited them to dinner or to share in social situations with them. Most of the widows tended to refuse large group situations at first and only wanted to accept those invitations where just one couple was present.

The widowers interviewed moved more rapidly into social

relationships. Of the five interviewed, three became socially involved by the first year and dated from three months to one year. The fourth had an extenuating circumstance in that his wife was in a mental institution for seven years prior to death and he had the responsibility of his children. The emotional upheaval was very traumatic. He felt a certain loyalty even after the death of his wife. As the children got older, he began to enter into social relationships more readily. The fifth would very much like to enter the social scene but because of his children, who have neurotic problems caused by the mother's death, he cannot leave them alone in the house or with a baby sitter.

Although there were not enough widowers interviewed in this study to arrive at many conclusions, other studies have shown that widowers are motivated toward remarriage more quickly than widows because of the domestic problems involved. Household chores and problems were much more upsetting to men (Glick, 1974:274). Perhaps another reason might be that men are more easily stimulated sexually than women (Kinsey, 1953:682). This might be one other reason for their more rapid re-entry into social activity. Several of the widows interviewed stated that they were able to submerge their sex drive, whereas the widowers could not.

Glick states in her study that one or two close friends might remain after the first year. Friends seemed to have their own preoccupations and can no longer give the widow special consideration. The widows recognized that they were no longer as valuable as friends as they once were. They were not able to reciprocate for sociability.

The reasons they stated were:

1. Difficulty to relate.
2. Couldn't contribute.
3. No longer similar to friends.
4. No one to escort them.
5. Reluctant to leave children with baby sitters.
6. They were in mourning and felt sociability should be limited.
7. Friends might be oversolicitous and at the same time inattentive.
8. Friends offer invitations out of pity.
9. Awkward with new status.

(Glick, 1974:203-204)

Another reason appears to be that widows seem to set up a barrier on dating. They seem to still be loyal to the dead husband and seem to feel that warmth would betray the former love (Hunt, 1966:125).

In this researcher's opinion, based on his study, it appears that the widows and widowers whose spouses were ill for one year or longer and, of course, suffered "anticipatory grief" recovered much faster, socially, than those who had less preparation. This cannot, however, be a conclusive statement. Other studies both substantiate this and contradict this feeling. So many ramifications determine the ability to return to social interaction that it is difficult to make a positive statement. The upbringing during childhood, the self-confidence of the individual, the discussions between the spouse and deceased during the illness and the intensity of the spouse's illness itself, all seem to have a bearing on the remaining partner's social adjustment. These indications appear not only in the interviews in

our study but in other studies also.

The social readjustment is also dependent upon friends and social groups that the couple had together. If the groups withdrew and excluded the bereaved then the readjustment period took longer. If the bereaved was still included in at least one segment of these groups, he/she seemed to adjust much faster and then sought his/her own level in the form of comfortable friendships and dating. Another problem manifested itself with the widows who saw many old friends withdraw themselves; thus compounding the problem. In her book, "Widow," Lynn Caine states, "It is not uncommon for widows to break with old and dear friends" (1974:112). Some widows are searching for someone to fill the husband's shoes and friends cannot do this. Several of the widows stated that they and their husbands were not particularly social but depended on one another for their social outlet. This, then, understandably caused the widow a great deal of lonliness since she had only a limited number of friends to start with. Dr. Lovell states that in his experience, "self-containment" of a couple is a definite strength but that many times it becomes a liability when one partner dies (1975).

Church affiliations and work were the salvations for most of the older widows in this study. These affiliations not only provided a means of occupying the mind for a time, but also provided social contacts with others of similar circumstances and in familiar surroundings. Other studies indicate that younger widows, those in their twenties, did not like to accept the term "widow." Glick states, "Widows still in their twenties whose husbands died could

not entirely accept the label 'widow' which they felt implied age and seclusion" (1974:207). In our study only one widow of that age was interviewed and she did not consider herself a widow from this standpoint. She had an unhappy marriage and was separated from her husband at the time of his death, was dating and leading a single life, so that this circumstance probably had someting to do with this feeling. Still, she experienced a delayed grief reaction.

Severeal of the widows and widowers sought professional help. One widower sought professional counseling help in his adjustment because of the sexual aggressiveness of some women he met. The new socio-sexual involvement was quite confusing. A widow found relief in the counseling of the Scientology group, another from a psychiatrist, and another from a psychologist. More common was the counsel provided by a minister. Reverend Frank Finkbiner categorizes widows into three groups:

1. Those that intend to remarry and work toward that end.
2. Those that wear their widowhood as a prized martyrdom.
3. Those that just do not have any plans.

Of these groups, number two appear, many times, to be happier than the others, especially in their own group (1974).

Lynn Caine also states that "many widows are content to enter the 'sisterhood' of widows instead of going out and building a new life. It can be all too comfortable" (Caine, 1974:149). Most of our interviewees agreed with the other findings that talking to someone who had experienced this crisis either directly or indirectly was important to their social readjustment.

The conclusion that might be drawn from these studies are that there are many variables which determine the recovery of a widowed person and hence their social readjustment. If a person suffers the traumatic shock of death, they do not function normally and also in many cases physically. Either of these problems can cause simple fatigue which will hamper social activity.

Some type of emotional disturbance was common. Emotional upset in grieving most certainly was a disturbing factor when it came to the social readjustment. Confusion in decision making over basic problems, problems with children, lack of self-confidence, all of these were contributing factors in hindering the widow or widower from reentering the social scene.

All but one of the interviewees had recommendations that they would wish to communicate with others in the same circumstances. Most thought that there should be preparation before death. The husband and wife should talk about this eventuality, each should know about the other's business affairs and the household business, and they should see an attorney about protecting the family.

Above all, each should develop his or her own interests so that they are persons in their own right with individual identities. After death the remaining partner should not panic, refrain from doing anything right away, seek professional help if necessary. The survivor should not be afraid to grieve, share his or her grief, and get it over with. "Know that you will survive," says one widow. It is important that the survivors establishes his or her own identity and if professional help is the answer here also, then it should be

sought. Although it is difficult, all interviewees felt that a person should get into some socializing activity, a job, a class at school, a singles group, anything to do with people and not turn friends away. They point out that the survivor is not unique; there have been others, there are others, and there will be others who survive this experience very well. In fact, the vast majority do survive and grow. The widow should look to the future and not lose sight of her individual identity.

For friends, most widows express thoughts such as these:

-- Don't leave us so soon. We know you have your own life to lead, but stay around just a bit longer.

-- Talk to us about our late spouses; don't be embarrased to mention them.

-- Don't be afraid of us; we're not after your partners.

-- Friendship should be an individual thing as well as a couples' matter, and we are still individuals with something to share.

-- We know that our common bonds will lessen and that we will have to find others to share our new interests with, but until we develop those interests, we still have the old ones that we enjoy sharing with old friends; just give us a bit more time for old-time sake.

-- Help us to step out of this world of shock and denial back into the world of warmth and acceptance through your patience, understanding and friendship.

For most, however, the social readjustment was felt to be their own responsibility. They felt that they should have gone out and become involved in some form of social activity whether it be a class in night school or a single's group. It would seem that this observation by the widows and widowers is certainly a valid one, but under the stress of grief cannot be carried out without help from friends or professional counseling.

Both studies reviewed and interviewees brought out the importance of being able to grieve openly. The sooner the frustration, the anger, the guilt, and the self-sorrow was dissipated, the sooner recovery could take place. It appears to this researcher that someone outside the situation must help initiate the start of the social readjustment action. In many cases the church takes over this function by taking an interest in the widow or widower. A friend might introduce the person to a single group as an outlet. Other social organizations are forming widow or widower counseling groups which bring the person into contact with other people.

As previously stated, there are many extenuating circumstances which bear upon the social readjustment of the bereaved. Studies have been done on health of the widow, on preparation for death as it affects recovery, demography and its effects, and various other studies which cover a broad area and many factors. In order to fully understand grief, and recovery which affect the social readjustment, these various factors have to be broken down and isolated into individual studies. Suggested topics for future studies are: the effect of the parent's death on the remaining children and how this affected the single parent; one might concern the effect of religious involvement versus no religious involvement; the effect of the remaining partner's childhood experiences on the recovery; another might be the effect of friends' concern on the bereaved; age differences, ethnic differences and various religious grieving rituals are other variables which might affect social readjustment and might be valuable in understanding the problems of the bereaved. Another study which might be

undertaken in ten to twenty years concerns the young people of this generation who are writing their own marriage vows in increasing numbers. They are troubled with the words "til death do us part" and many leave them out. Will this affect their outlook on the death of a partner and the grieving process?

In his book, Facing Death, Kavanaugh states, "The stabilizing force in all human grief is hope, holding the person together in a fantasy at first then in the promise of a new life" (1972:32). To this researcher, social involvement is the key to a successful and productive "new life." Those of us who have the opportunity must help the remaining partner realize this hope and attain his or her potential to the fullest.

APPENDIX A

QUESTIONNAIRE

1. How long has it been since your spouse passed away?
2. How long were you married?
3. How many children were living with you at the time and immediately after your spouse's death?
4. Were you prepared psychologically for your spouse's death?
5. Do you feel your social contacts increased, decreased, or remained the same following the period of bereavement?
6. Did you experience a time of not being able to function (mentally) normally?

   If yes, how long a period of time?
7. What was the most difficult aspect of the recovery period?
8. How did it affect your social life?
9. What significant aspects of your life have changed? (I.e., social, physical, work, responsibilities)
10. Is there any advice that you could offer other people who might be going through this experience?
11. Your age (optional).

APPENDIX B

SUMMARY OF INFORMATION

Subject & Sex	Age	Present Marital Status	Length of Time Widowed (In yrs)	Length of Time Married to Deceased (In yrs)	Number of Children Living with Them at Time of Death	Length of Spouse's Illness	Time of Inability to Function Normally	Time it Took to Become Socially Involved	Time Before First Date
1 F	54	S	3	23	None	3 mos.	0	No lapse	No dating
2 M	65	S	16	24	2	7 yrs.	0	7 yrs.	1 mo.
3 F	55	S	2	33	None	1 yr.	3 mos.	1 yr.	No dating
4 F	50	S	7	22	4	1 wk	1 yr.	1 yr.	No dating
5 F	52	M	7-1/2	20	None	0 (heart attk)	0	4 mos.	11 mos.
6 F	40-50	S	5	20	None	6 mos.	3 yrs.	9-12 mos.	No dating
7 F	36	S	5-1/2	6	1	5 yrs.	3 yrs.	1 yr.	3 yrs.
8 F	45	S	15	7	3	0 (heart attk)	3 mos.	1 yr.	1 yr.
9 F	60	M	7	24	1	0 (heart attk)	6 mos.	No lapse	No dating
10 F	60	S	1-1/2	27	1	1 yr.	6 mos.	1-1/2 yrs.	No dating
11 F	40+	S	3/4	19	2	2 yrs.	8 mos.	3 mos.	No dating
12 M	66	S	6	34	None	0 (heart attk)	0	9 mos.	1 yr.
13 F	32	S	1	9	3	0 (heart attk)	1 yr.	4 mos.	5-6 mos.
14 F	39	S	4-1/2	8-1/2	1	0 (suicide)	0	No lapse	10 days
15 F	35	S	1-1/2	7	2	0 (heart attk)	3 mos.	6 mos.	1 yr.
16 F	25	S	3	5	1	0 (accident)	0	No lapse	No dating
17 M	51	M	5	14	1	2-1/3 yrs.	3 mos.	4 mos.	8 mos.
18 F	56	S	1-1/4	30	1	1-2 yrs.	Intermittent	2 mos.	No dating
19 F	37	S	8	10	2	2 yrs.	3 yrs.	1 mo.	1 mo.
20 F	48	S	4	1-1/2	1	1 yr.	5 mos.	6 mos.	6 mos.
21 M	55	S	21	26	None	0 (suicide)	6 mos.	3 mos.	3 mos.
22 F	37	M	12	5-1/2	2	0 (accident)	6 mos.	No lapse	1 yr.
23 M	55	S	1-1/2	17	2	5 yrs.	0	Still not	No dating
24 F	38	S	2	11-1/2	2	6 mos.	0	8-10 mos.	6 mos.
25 F	51	S	3	16	1	13 mos.	0	0	No dating
26 F	51	S	21	5	1	0 (accident ? suicide ?)	1 yr.	3-4 mos.	3 mos.

SUMMARIES OF INTERVIEWS

Interview No. 1

Sex:	Female
Age:	54 years
Widowed:	3 years
Married:	23 years
Marital Status:	Single

Husband's death was unexpected until the last three months. It was a happy marriage. No children were living with the couple at the time of husband's death. Widow was not prepared for the business matters of death. Her social contacts remained the same until she moved from the East to California. New social contacts (in California) were made through work. At the time of husband's death she had to function. There were no relatives nor friends to turn to for help. She felt that there was not a time of nonfunctioning. The most difficult aspect of the recovery was the loneliness—no one to talk to.

Neither she nor her husband were socially minded to begin with Consequently, the lack of social contacts seemed not to bother her. Although she lost weight, she functioned in every way. She has not dated nor does she have any particular friends with whom she goes out.

The advice she gives is for a wife to be sure to understand the business of the household and something of her husband's business, have a skill so she can earn her way, keep busy, go to work, force yourself to keep circulating and meeting people and "hang in there because it all passes." She was very objective and not emotional during the interview.

Interview No. 2

Sex: Male
Age: 65 years
Widowed: 16 years
Married: 14 years (7 of these years, wife was in an institution)
Marital Status: Divorced from second wife

Wife's death was expected. She had been committed to an institution for seven years. Two children were living with him at the time of her death. His social contacts increased after her death. Social contacts had reached a very low point during her illness; there was no place to go but up. The children did affect social activity, however. He felt obligated to them and their care.

Because of being absorbed in work and the children, No. 2 felt he functioned normally. The hardest part in the social adjustment was to find a companion who understood the children. He attended single parents' groups and felt these helped. There was a certain amount of therapy in the common bond.

His advice is to get out and do things. You have to have friends so go out and make friends.

He was objective and essentially unemotional during the interview, although the talk did "trigger" some memories that seemed to affect him somewhat.

Interview No. 3

Sex: Female
Age: 55 years
Widowed: 2 years
Married: 33 years
Marital Status: Single

Husband's death was expected for about one year. They had a

very happy marriage and this relationship helped in the adjustment. After about three months her social contacts decreased and have not regained their former numbers. The hardest part of the adjustment was doing things alone that they did together previously.

She felt that she was prepared for the death and that her mourning period was during the year she knew he would die. She was working and had to function. She felt there was no loss of functioning. She took a trip to visit friends; she plays the organ and she felt this helped. She feels that she is still recovering after two years.

The most difficult aspect of the recovery period was cleaning up the accumulation of household business and the loneliness. She and her husband had been "lovers" so that they had few close friends. She did not want to go out, she felt like the "odd man," and did not want to be set up with a partner. She experienced a couple of sexual propositions from men friends. She is not socially very active. She goes out with other single women. Her sex life has decreased considerably.

She advises others to keep busy to keep rational and have people around during the emotional days of Christmas, Thanksgiving, etc.

She was objective during the interview and slightly emotional.

Interview No. 4

Sex: Female
Age: 50 years
Widowed: 7 years
Married: 22 years
Marital Status: Single

She was not prepared for husband's death until the week before

he died. She felt that this was no preparation at all. They were happily married. Her children (four) helped her function and took over many of the business and household duties. Although she had no emotional upheaval, she felt that she was "robot like" and acted by force of habit. This type of action lasted on and off for about one year.

The most difficult aspect of the recovery period was the lonliness. They always went places with each other. She talked a great deal to an understanding neighbor and felt a person should not grieve alone, that one should talk it out. Her social contacts decreased at first, then, when she started working after one year, they started to increase. She has never dated. She felt ostracized by some friends, although she did not feel like doing anything for about one year.

She advised people to keep busy, talk it out, and have no regrets.

She was objective with a quiet sincerity.

Interview No. 5

Sex: Female
Age: 52 years
Widowed: 7-1/2 years
Married: 20 years
Marital Status: Married

Husband's death was unexpected (heart attack). She felt that there was no lapse of functioning. She was working and had to function. Her social contacts stayed the same or increased. She felt that she made a real effort to keep them this way. She was included in couples and single groups.

She took a two week trip to Hawaii. During the trip she was

sexually propositioned. Although she did not accept, she took this as a compliment; she felt like a woman because of the male interest. The trip was good therapy. She felt that the recovery period leveled off after four months and she was pretty much back to normal.

The most difficult aspect was loneliness, doing things alone and feeling that it would be for the rest of her life. She started dating eleven months after first husband's death and was married seventeen months after.

She advises others to have a church affiliation and belief, keep hold of one's self, keep active and not do anything drastic (especially financially) for a year.

She was very objective and matter-of-fact.

Interview No. 6

Sex: Female
Age: 40-50 years
Widowed: 5 years
Married: 20 years
Marital Status: Single

She knew her husband had a terminal illness for six months prior to his death but was not prepared for the actual death. They were happily married. Her social contacts decreased and have never regained their former numbers. She felt that this was possibly because she was not aggressive enough in seeking out people. Although she functioned at work, she did not do well on personal problems. She was not able to reason well, especially in the situations that had been taken care of by her husband and were now left to her. She felt that it took three years for her to start functioning normally, but functioning is still a problem sometimes. She does not date. She hesitated

to go out with friends when invited. She has ended up with many more women friends than men or couples.

The most difficult aspect of recovery has been lonliness. The holidays are particularly hard. They did everything together and not having someone to do things with is a problem. Talking with her mother and a close friend helped her recovery.

Her advice to others is for women to become involved in husband's affairs and know how to handle these things. She also feels that friends should show concern and call the widow -- not just say, "call me any time."

She was very analytical and objective.

Interview No. 7

Sex: Female
Age: 36 years
Widowed: 5-1/2 years
Married: 6 years
Marital Status: Single

Husband was ill with terminal cancer for five of the six years married; however, she felt that one was never really prepared for death. They were happily married but the illness did affect their relationship. She felt that her bereavement period started a year before the actual death when they knew definitely he would die.

Husband prepared her for his death "more than adequately." She understood everything about their business status and responsibilities. However, she reached points, both before and after, where she wondered how she would function. She hated the prospect of being a single parent. She still had problems for three years. By four and one-half years things seemed to straighten out.

Her social contacts actually increased. She and her husband had had no social life during the last year because of his illness. She might have a quick drink with the girls from the office and that was all. After his death she generated activity and friends; she also generated responses. She had no serious contact with male companions for three years after marriage but did have three marriage proposals in the first year and one-half. She dates and has male companionship. She had no sexual activity for sometime before her husband's death so that sexual desire was not a problem.

Her advice is to have faith in God and get involved with life as soon as possible.

She was very analytical, calm, and controlled.

Interview No. 8

Sex: Female
Age: 45 years
Widowed: 15 years
Married: 7 years
Marital Status: Single

Husband's death was sudden and she was not prepared. They were happily married. It took two to three months for her to recover from the shock of death. She was not prepared to handle the affairs of death, her brother and sister helped. Her social contacts decreased at first. Most of her friends were married and didn't want a single woman around. Friends stopped calling after a couple of months. She started going out with some single women and joined a singles' club. These helped with her readjustment. She gradually began seeing some married friends and in about a year the number of friends regained their former numbers. She has dated since. She also became involved

with the school activities of her children and this helped.

Her advice to others is to join a group, get back to work and get involved in something. Her religious beliefs also helped. She also felt that if friends hadn't deserted her, she might have recovered faster.

She was very objective during the interview.

Interview No. 9

Sex: Female
Age: 60 years
Widowed: 7 years
Married: 24 years
Marital Status: Single

Husband's death was sudden and unexpected (heart attack). They were happily married. One child was living with them at the time. She was prepared for the business aspects of the family but still became paniced over the responsibility and financial status. She went out and got a job and stated that she was too busy, at first, to be sad. She stated that it took her about six months to really calm down and decide to take it one day at a time. She felt that she functioned normally outwardly and any crying that was done was done alone.

Her friends remained with her and were very helpful. She still is invited to friends' houses on every holiday and is included in their family affairs. This helped greatly in her recovery and readjustment. She has never felt the need to date. She did not need professional help but instead talked to friends, especially younger friends.

Loneliness was and still is a problem. Also, forcing herself to be independent, and putting on the front that everything was fine, was difficult.

Her advice is not to rush into any big decisions until you "get things together."

She was very sincere and slightly emotional during the interview.

Interview No. 10

Sex: Female
Age: 60 years
Widowed: 1-1/2 years
Married: 27 years
Marital Status: Single

Husband died of cancer. She knew it was terminal and was prepared as much as one could be. They were happily married. Her son's family was living with them at the time of the husband's death. She stated that she was still left numb by his death even though it was expected. She functioned by habit. Everything was left to her to do so she had to function. She had her work that helped keep her going and her family helped somewhat. She feels that her recovery period may still be going on.

The most difficult aspect has been lonesomeness. They were very close and did many things together. She felt that she didn't have anyone to rely on and that most, instead, were depending on her.

Her advice is to keep going, keep your mind going, and don't stop to think about yourself.

She was very calm during the interview, but showed some emotion.

Interview No. 11

Sex: Female
Age: Late 40's
Widowed: 8 months
Married: 19 years
Marital Status: Single

Husband had cancer for two years and she knew it was terminal during the last year. She really hasn't recovered yet. She has a hard time making decisions. She is still quite nervous. Two children are living at home so she has had to function. They are a stabilizing force.

Her social contacts have decreased somewhat. Some close friends remain. She sees and goes out with single women friends but is not invited to couples' affairs.

The hardest aspect has been loneliness. She still has the feeling that husband will be home or will be there when she gets home. She has talked to her older daughter and to her pastor some, but has not sought professional help.

Her advice is keep busy, force yourself out. She advises every widow to see an attorney before the spouse dies and find out how to protect the family.

She was very objective and somewhat emotional during the interview.

Interview No. 12

Sex: Male
Age: 66 years
Widowed: 6 years
Married: 34 years
Marital Status: Single

Wife's death was unexpected (heart attack). They were happily

married. He felt that he functioned normally after the death. The number of friends decreased because of being single. He kept to himself for nine months because of religious beliefs. After the first year he joined a singles club and this helped a great deal. The number has increased now. He likes people, is socially inclined, and dated after the first year.

Loneliness has been the hardest aspect of adjustment. The nights are lonely even now.

His advice is to keep active, be thankful for what you have and the condition you are in. "The will of the Lord will prevail."

He was very objective during the interview.

Interview No. 13

Sex:	Female
Age:	32 years
Widowed:	1 year
Married:	9 years
Marital Status:	Single

Husband died of a heart attack. They had three small children and were happily married. She was in a state of shock for several months--in a daze. She suffered a loss of memory, cried spontaneously and felt as if she were going insane. This lasted for four months. She is still not functioning normally. She still has flashbacks of his death, especially during the holidays.

Friends helped a great deal at first. Couples who were friends before the death are not now. Some women considered her a threat. She is gaining new single friends and they are up from their former numbers.

The hardest aspect of the recovery was the loneliness; then

the questions that the children asked.

She started dating after five or six months. She has gone out with six men, five of these wanted sex, one was interested in her. She is submerging the sex drive and putting it into creative things. At first she went out all the time just to be with people, even if it was alone. Going back to school has been a help in her readjustment.

Her advice is to discuss and have a philosophy of death and dying; don't hide death. Keep busy; don't sit and dwell on problems.

She was very open and factual during the interview.

Interview No. 14

Sex: Female
Age: 39 years
Widowed: 8-1/2 years
Married: 4 years
Marital Status: Single

Husband's death was sudden (suicide). She was obviously unprepared though he had threatened suicide before. They were not really happy in their marriage and were separated at the time. She was left with a small child.

She describes the experience as painful and that her first thought was to protect her daughter so that she remained composed. She was overwhelmed by the knowledge that she was responsible for raising the child. She broke down the first night but was rational and functional the next day. However, she started to drink a lot.

Her social contacts increased. She became more involved with old friends and made new ones. She was sexually propositioned by married men that she never expected this from. She has recovered from every abnormal reaction now.

The worst aspect of the recovery period was the realization of the complete responsibility for her daughter.

Her advice is to keep busy; once you have recovered somewhat, try to keep a proper perspective on life. Becoming involved in community affairs has helped her.

Interview No. 15

Sex: Female
Age: 35
Widowed: 1-1/2 years
Married: 7 years
Marital Status: Single

Husband died suddenly (heart attack). They were happily married. She was left with two small children. She was confused at first. For three months she could not make decisions as to what to do. She went back east to think. When she came back she had a plan. The children caused her to function. She is still confused to some extent. Most of her decisions are based around the children's welfare.

At first the social contacts decreased, mainly the business-social contacts. Neighbors have invited her to social events. She associates with more women now than men. She started dating after one year. She also has been sexually propositioned.

The most difficult aspect was getting out and facing people, loneliness, facing going back to work, trying to avoid relying on others' husbands for help around the house.

Her advice is not to do anything until the shock passes and to keep busy.

She was very objective and calm.

Interview No. 16

Sex: Female
Age: 25 years
Widowed: 5 years
Married: 3 years
Marital Status: Single

Husband was killed in an accident. They were separated at the time. The marriage was not a happy one. She had one small child at the time. Since she was essentially single, she was not affected particularly. There was a certain amount of confusion about some of the legal procedures immediately following the death but she functioned normally. She did have a delayed reaction in the form of dreaming about her dead husband about one month later.

Her social contacts were not affected at all since she was operating as a single woman. The only difficulty reported was the regret that her daughter would not know the father. She didn't have any advice for anyone since her situation was different.

She was very objective and unemotional.

Interview No. 17

Sex: Male
Age: 51 years
Widowed: 5 years
Married: 14 years
Marital Status: Married

His wife's death was expected. She had been told she had from two to three years to live and died within that time span. They were happily married and had one young daughter.

He did not function well for two to three months, had to drop out of a masters program for a semester because he couldn't concentra-

and couldn't sleep for five to six months. He felt that it took him four months to recover normal functioning.

His social contacts did not decrease as far as he could recall; it was a confusing time. He mentioned that everyone avoided talking about the death and this irritated him. He talked to his doctor who was his best friend. He wanted to be alone for awhile so sent his daughter to relatives. After four months he started being more social and after eight months he started dating a friend.

Loneliness was a problem and this was partly because his daughter was gone. He remarried one and one-fourth years later. His daughter has not adjusted to the death. She hardly ever mentions her mother's name and does not get along with the new family. She must be sent off to aunt's periodically because she disrupts the new family. At the aunt's, she acts perfectly normal, probably because there are no other children.

He has no real advice, feeling that everyone is different.

He was very objective and calm.

Interview No. 18

Sex: Female
Age: 56
Widowed: 1-1/4 years
Married: 30 years
Marital Status: Single

She expected husband's death, he had a series of heart attacks previous to death. They had talked about the possibility as late as a week before he died. She was prepared in the business aspects also. They were very happily married. She remained functional though she grieved a great deal for two months and feels she is still grieving.

Now the grieving is limited to short periods of hours. Her minister suggested that, after two months, she had grieved enough and that she should clean out her late husband's study and make it her's; not his shrine. This advice seemed cruel at the time but now seems very good advice.

She was very involved with her church and this helped. People flocked to her immediately after the death and then backed off. The church friends include her in their activities, both church and family activities. She feels that she is the one that feels she is a "fifth wheel," not her friends. She does not like to go to dinner with groups, prefers couples. She has maintained her old friends but goes places with other single women mostly. She had not dated. At one point she thought a man was going to ask her out and she was panicky but it never materialized. She had an interesting statement: "When a person is a young widow she spends half her energies looking for another husband and only half on work." She has absorbed herself in church work. She felt that the thing that started her recovery was the funeral. It was entitled, "The Celebration of ---- ----'s Life." Everything was joyous even to the point of humor.

The hardest thing during the recovery period was loneliness, especially during evenings and weekends. She missed the sharing.

Her advice is to go for professional help and have faith in a religion and in the church.

She was very objective and controlled.

Interview No. 19

Sex: Female
Age: 37 years
Widowed: 8 years
Married: 10 years
Marital Status: Single

Her husband's death was expected; he had cancer. There was always hope against hope, however. She had "anticipatory grief" and at one time became hysterical and tried to commit suicide. Her dying husband realized this and gave her strength. She sought a psychologist's help and he tried to seduce her. She felt relieved at his death. Many people came to her aid immediately, then they seemed to feel that she was a threat and they shied away. She was also sexually propositioned by friends' husbands.

After the initial jolt was over, she had a young cousin (female) come and live with her. The cousin had problems and she became involved, and this helped. She had to function because of her two teenage children. She was always an independent person and so was never able to ask for help. She started working three years later and then felt normal and useful. The job helped her gain confidence. She then felt that she could make it.

She joined singles' groups and this helped at first. Her social contacts still have not regained their former numbers. She dated one month after her husband died. Her in-laws looked down on this but her husband wanted it that way. She hasn't had any close relationships; feels she is aloof and guarded. She was shocked when she went out and was expected more of sexually than she was ready for.

Her advice is for those who have lived a sheltered life and

have been extensions of their husbands should get out, go to school, and start a career; also get involved with people--force yourself. Meet situations and grow; don't put yourself wholly into one relationship.

She was very calm and objective.

Interview No. 20

Sex: Female
Age: 48 years
Widowed: 4 years
Married: 1-1/2 years
Marital Status: Single

She expected her husband's death. He was suffering from cancer although he died of a heart attack. It was more sudden than expected; they were prepared for a long illness. They were happily married newlyweds and had one child 18 years old from a previous marriage living with them.

She went through a tremendous shock of loss. She was like a "zombie" for four months. She couldn't organize simple tasks. Friends helped and she hired a firm to do these things. She didn't want to talk or socialize with anyone. She went back to work after one week and this helped. However, emotion to the point of hysterics could be triggered at anytime. She realized that she needed professional help and went to a Scientology counselor. After about five months, with help, she felt that she was pretty much recovered. Her first date came six months after husband's death. She was able to socialize after this point. She had trouble sexually when she went back to dating; she was frigid. She has just overcome this recently. She's had only four intimate relationships in four years.

Friends increased at first and then dropped off. They now have regained their former numbers. Married wives felt her a threat. She joined singles groups but they didn't do much for her.

She didn't feel lonely. She realized she had a long life ahead of her. She forced herself out into the world. She realized that being alone was deadly. After her husband's death she let down her barriers and "became part of the human race." She feels she became more successful socially and professionally and that she has become a warmer person. She felt she was "whole" again after about three years. She had taken up meditation and this helped.

Her advice is not to shut people off; don't reject them. Keep busy and don't lose sight of who you are; you are important so take care of yourself. Get into something right away. Get professional help if you have to.

She was very objective and open.

Interview No. 21

Sex: Male
Age: 55 years
Widowed: 21 months
Married: 26 years
Marital Status: Single

His wife committed suicide; she was despondent over a prolonged illness that she was actually recovering from. They were happily married. He had feelings of guilt and although he was invited out frequently, he declined much of the time. He was in a state of shock for six months. Although he went back to work the following week, he did not function well. He had very little social involvement during his wife's illness and this even decreased after her death

because of choice. He started dating about three months after her death. He had sexual involvement at that time. The aggressiveness of women was disconcerting to him and he consulted a counselor regarding this new socio-sexual involvement. After about eight months he went back to college and took a class. This also provided social involvement and he started going out with some women that he met in the class. His circle of friends has increased a great deal.

The hardest part of the recovery has been the loneliness. He did become involved with a sick nephew shortly after wife's death and this helped keep his mind busy. He still experiences periods of loneliness but not as much. His sex life has improved since there was very little during his wife's illness.

His advice is to keep busy, broaden horizons, move into social situations (like the class he took) and go to places where people gather.

He was objective and open.

Interview No. 22

Sex: Female
Age: 37 years
Widowed: 12 years
Married: 5-1/2 years
Marital Status: Married

Husband died in an airplane crash. They had two young children and she characterized their marriage as a "well adjusted marriage." She did not function well after the death. It took her six months to recover at all. She functioned by rote. She says that she has had a "slow adjustment." Her friends remained constant and she continued to see them. They were very helpful, protective and inclusive. She dated

after about a year and has been married twice since death of first husband. She had her own friends as well as his and the organization she belonged to were quite helpful in the recovery process.

The hardest part of the adjustment was the loneliness, being a single parent and some guilt feelings.

Her advice was to not reject friends; get out and become active in something outside the family and seek friends. She says "life is for the living."

She was objective and brief during the interview.

Interview No. 23

Sex: Male
Age: 55 years
Widowed: 1-1/2 years
Married: 17 years
Marital Status: Single

He knew the illness (cancer) could be terminal for five years. He definitely knew it was terminal for four months before her death. That is the second wife he has lost to cancer. They were both happy marriages. After his first wife's death he came close to suicide and although he functioned at work, it was nine to ten months before he began recovery. He characterizes period as being "disinterested in life and being numb." Within four months he met his second wife and they were married a year later. He suffered "anticipatory grief" in both cases, although it was longer with the second wife. He felt that in the second case it only took him four months to reach emotional stability. Functionally, he did not have a letdown in the second case. They had two children and he had to function. The children became psychotic after the mother's death and have been under psychiatric care.

His social life is very poor. Social contacts disintegrated because of wife's illness and have largely remained the same. There was a brief increase of sympathizers and then they dropped off. The children are a problem; he can't leave them alone in the house for even a half hour and they won't have a baby sitter. His social contacts have not regained even their former state. He has not dated and is sexually frustrated. His advise is:

a. Know that you will recover.
b. Know that you are not unique. Others are going through the same thing.
c. Look at tomorrow, not yesterday.

Interview No. 24

Sex: Female
Age: 38 years
Widowed: 2 years
Married: 1-1/2 years
Marital Status: Single

Her husband had Hodgkins Disease and they knew it was terminal for three months. They were happily married and had two children who were young. She felt that she functioned very well considering that it was a traumatic year with deaths of friends and relatives, along with her husband's death. The whole family went through an angry period, "Why did this happen to us?" The anger lasted for eight months and she decided to go into psychotherapy and is still going. She is no longer carrying the burdens of the world. She is still recovering. She always was able to function at work, however.

Her social contacts increased with the sympathizers, then decreased. She originally felt she could still be part of the social scene but found this was not true. People called, but she was not

asked out much. She felt like a "fifth cog." She first started dating six months after her husband's death. Eight to ten months after his death she was actively dating and was social. Through her contact with the temple she was socially active but felt that the temple was more geared to families and couples. She also felt that she was not accepted as a widow. Divorced women said that she did not have the same problems they had. She has gone to singles' groups from time to time. Men seemed too sexually aggressive in the group. She has had sexual relationships with men for whom she felt something. She found she could have a good time going out with other single women also.

The hardest part of the recovery was having to make all the decisions all of the time and being a single parent.

She advises widows to seek professional assistance and that friends cannot really help. She says to "take a look at what you have and count your blessings." Take care of yourself first; you can make it happen. The widow should be game and try things.

She was very objective and analytical.

Interview No. 25

Sex: Female
Age: 51 years
Widowed: 3 years - 2nd husband; 20 years - 1st husband
Married: 16 years - 2nd husband; 11 years - 1st husband
Marital Status: Single

This interviewee was another that was a double widow and unique because she became interested in the widow's problems, becoming a paraprofessional counselor for a widow's program put on by her temple. Her first husband was killed in an airplane crash. She had two small children. She was deluged with friends. She recovered within six

months. She did not function well for one month. She was sedated for two weeks. After she came out of this sedation, friends didn't give her a chance to grieve. She dated after six months and was married in one and one-half years.

She regrets that she didn't have a chance at normal grieving nor did her children, who were kept away from everything by friends.

Her second husband died of cancer after a long hard and "ugly" illness. It was a relief when he died. Both marriages were happy ones. After the second husband's death she felt she functioned from the very first day. Her husband's business affairs were in a mess and she had to put things in order. However, it has taken her two years to recover and she feels she is still recovering. This grief was different than the first. The first was sudden and "clean"; the second was prolonged and "ugly." She feels the pressures of straightening out husband's affairs inhibited her recovery. She was--and is--resentful that this was not taken care of before his death. She suffered from anticipated grief.

In both deaths friends rallied around and never left her. Only now are some of the couples not calling to invite her out but she feels this might be because she has said "no" so often. She doesn't feel comfortable with some couples. After the first death she felt she was pushed into dating. She has not dated since the second death and has no desire to do so. She is involved in many things now and feels that she doesn't have time. She feels that she has a lot of life to live. She feels she is just beginning and wants to be independent with no emotional involvement. She is actually very involved socially with her college work, her widow's group, and friends.

Her advice to others is to start growing and becoming a whole person. The world will seek you out if you are a whole person. The sooner a widow learns to accept that she is a widow, the easier it is to make a life for herself. A widow has a unique opportunity to do something for herself for the first time in life. Some observations from her widows' group were:

1. "Widows who have been widowed longer did not give support to young widows."

2. "Seventy-five percent in this particular group felt that the grieving was worse later (after a year) than it was earlier. At first, very busy and friends invited them out; then things deopped off."

3. She has talked to many widows who are resentful that there was no pre-planning by them and their husbands to take this burden from them.

4. She feels that it is important to let the children participate in the grieving.

5. Studies show that widows get sick easier, perhaps because widows have too much time to think of themselves.

The interviewee was very objective and analytical.

Interview No. 26

Sex: Female
Age: 51 years
Widowed: 21 years
Marital Status: Single

Her husband's death was sudden, tragic, and clouded. She does not know to this day whether it was an accident or a suicide. They were not especially happy together. Her daughter was three years old at the time of the father's death.

She describes herself as in a deep trauma as a result of the death. She felt numb for three months. She then panicked and started

drinking heavily. She did not function well in personal decisions for about one year. She was functional at work and could make business decisions, however. She still suffers from guilt and at first went through a suicide try. She states, "If I could only see him for five minutes and ask him if it was an accident or suicide." The effects really didn't hit her until the business of the death was settled. She said, "You're too busy at first." She had professional help for her alcoholism. She drank herself to sleep every night for about a year.

She started going out about three months after the death, but this was in a desperate effort to meet men, learn the "ropes" of dating again, and see if she was still attractive. She generally went out alone, at first, to bars. She was frightened of these situations and frightened of handling men. She also went out with groups. Friends came around after the death and then drifted off, somewhat. Most of her friends stayed and have stayed constant. She was always invited out and was included in in-laws' and family affairs. She was sexually propositioned many times. She has had several long affairs with men. She states that she will never marry again. She wants to be independent and not responsible for anyone, although she still feels responsible for her daughter who is now twenty-five years old. She has never been able to build a "shell" to protect herself. She is very emotional, has had a nervous breakdown, and has been on the verge several times. She is in therapy. The hardest aspect of the recovery period was bearing the guilt (they had had an argument just before his death).

Her advice to others is to not panic. Don't try to go over the death with people; this will soon drive them away. Get out and get busy.

She was somewhat emotional but very analytical during the interview.

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